

TUMORS.

I. Tumors of the Salivary Glands. By Dr. NASSE.

The writer has made an exhaustive study of the histology and pathogenesis of the tumors of the parotid salivary glands. Formerly such tumors were thought to be chiefly of epithelial origin, but recently they are regarded as having more of a connective tissue basis. His paper deals with the tumors studied under the following classification :

(1) *Adenomata*.—This variety, four in number, was of a more or less lobulated and glandular structure, surrounded by a tense capsule, closely connected with the glandular tissue, so that at the operation pieces of the gland had to be removed with the tumor. The single lobules are divided into smaller ones by fine fibres of connective tissue. They never contain cartilaginous or jelly-like masses, though now and then one may observe, here and there, cystic spaces, formed by the confluence of single alveoli, and filled with cholesterolin, cellular detritus and blood-pigment, due to hæmorrhages into these spaces. Microscopically, they resemble the normal glandular alveoli: the cells large, polygonal or cubical, never distinctly cylindrical, dark protoplasm, large nucleus, and sharply separated from one another.

(2) *Malignant Tumors*.—This form was represented by four of epithelial and connective tissue origin; one small, round-celled sarcoma, recurrent, adherent to the skin; one malignant growth, doubtful whether sarcoma or carcinoma; and two undoubted carcinomata, with infection of the neighboring glands.

(3) *Benign Connective Tissue Tumors of the Parotid Gland*.—These have a slow growth, are sharply circumscribed, and may also recur: angio-sarcomata, chondromata, myxomata, myxochondromata, fibromata, fibro-sarcomata, cylindromata, endotheliomata and the so-called mixed tumors of the parotid, which, though presenting many forms of tissue, yet belong to the same class and contain transitions between the various kinds of tissues. Twenty-five of his observations were of this category, to which are added seven others of tumors seated near to but not involving the parotid, viz., three of

the submaxillary gland, angio-sarcomata and endotheliomata; one tumor of the ascending ramus of the lower jaw, under the normal mucous membrane; two of the lower lip, and one under the skin of the eye-brows, all of which by their histological structure, formation and relation to their surroundings, are to be placed on the same level as the parotid tumors. These so-called mixed tumors, as a rule, are but loosely connected with the glandular tissue and hence are more easily extirpated. They are by far more frequent than the epithelial forms. The epithelioid cells found under the forms of fibres, cylinders and glandular tubes are probably all of endothelial origin. As these tumors may also appear on other portions of the face, and bear no relation to the parotid gland, it is possible that they have nothing to do with the glandular tissue and are to be regarded as springing from the endothelium. Finally, six tumors of the soft parts of the face and head are described, some of which were probably, and others were certainly, of epithelial origin, and, with the exception of one, were regarded as benign, with their point of departure in the cutaneous glands or hair sacs. — *Archiv für klinische Chirurgie*, Bd. XLIV.

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BONES—JOINTS—ORTHOPÆDIC.

I. Treatment of Recent Fractures of the Patella.

By Dr. W. KÖRTE (Berlin). After reporting a number of cases of fracture of the patella treated in the Urban City Hospital, in Berlin, the surgical director, Körte, sums up his conclusions as follows:

Fractures of the patella, with a moderate degree of separation of the fragments, 2 cm., and with not much hæmorrhage into the joint, are best treated by massage and early passive motion. Fractures with pronounced hæmorrhage and a still greater degree of separation should be treated by puncture of the joint and the application of the tendon suture, as recommended by Volkmann. After emptying the joint, a well-curved needle is used to pass a heavy silver wire through the ligamentum patellæ close to the lower margin